



Time of Transfer Evaluation Form for Existing Individual Onsite Wastewater Systems

General Information:

Property Owner(s) (Sellers): _____ Telephone: _____
Site Address: _____ City: _____ Zip Code: _____
County: _____ Lot Size: _____ Acres/Square Feet (circle units)
Legal Description: _____
Date System Constructed: _____ (YYYY) Septic Permit # (if applicable): _____
E-Mail Address: _____

Date of Inspection: _____

System Components (Please describe the system components [type, size, capacity, and condition])

ADD CHECK BOXES HERE INSTEAD OF REQUIRING HANDWRITTEN NOTES

Date the tank(s) were last pumped: _____

Answer the following that apply to this facility

Do the alarms function? yes ☐ no ☐ Do pumps function? yes ☐ no ☐
Do mechanical & electrical systems function correctly? yes ☐ no ☐
Does the monitoring indicate that the system meets performance expectations? yes ☐ no ☐
Was a permit obtained when the system was installed? yes ☐ no ☐
Do the permit records match the current system configuration? yes ☐ no ☐

Inspection observations (Check all that apply)

Tank Condition	Treatment Unit Condition (if present)
Tank material: <input type="checkbox"/> concrete <input type="checkbox"/> plastic <input type="checkbox"/> fiberglass <input type="checkbox"/> steel	<input type="checkbox"/> History of maintenance? (including documentation)
<input type="checkbox"/> Leaking plumbing fixtures	<input type="checkbox"/> Indicators of malfunction?
<input type="checkbox"/> Baffles absent, corroded, damaged	<input type="checkbox"/> Pressure laterals - <input type="checkbox"/> Flushed within last year?
<input type="checkbox"/> Observed low liquid level	Absorption Condition
<input type="checkbox"/> Tank integrity affected by corrosion	<input type="checkbox"/> Surface discharge outlet present
<input type="checkbox"/> Observed low liquid level	<input type="checkbox"/> Sewage seeping over/adjacent to absorption facility
<input type="checkbox"/> Lid(s) absent or not able to be secure due to deformity, corrosion or other issues	<input type="checkbox"/> Excessive ponding in absorption system/Distribution or drop boxes
<input type="checkbox"/> Backing up in home, either seasonally	<input type="checkbox"/> Homeowner testimony <input type="checkbox"/> Problems noted?
<input type="checkbox"/> Looked for back flow from system drain pumping	<input type="checkbox"/> "Black soil" above soil system
<input type="checkbox"/> Examined const. records	<input type="checkbox"/> Pressure laterals - <input type="checkbox"/> Flushed within last year?
<input type="checkbox"/> Tank inaccessible for pumping and inspection	<input type="checkbox"/> Other: _____
<input type="checkbox"/> "Black soil" at tank outlet (Required if not able to observe performance at absorption facility)	
<input type="checkbox"/> Other: _____	

System Assessment - Check one that most accurately describes the system condition

- ☐ Compliant at the time of the evaluation.
- ☐ Noncompliant, but appears to functioning adequately at the time of the evaluation.
- ☐ Noncompliant and needs permitted repair or alteration.
- ☐ Noncompliant due to repairs made without a permit.
- ☐ Failing and needs repair.

Other observations :

Certification

In accordance with the requirements of Oregon Administrative Rule chapter 340, Division 071, Section 0131, I hereby certify that I am a certified inspector by a DEQ approved certification program or registered in accordance with Oregon Revised Statutes, chapter 672 or 700. I have conducted an investigation that accurately determined the status of this system and that my recorded observations are accurate as of this date. No determination of future hydraulic performance has been nor can be made due to unknown conditions during system construction, abuse of the system, inadequate maintenance, or future water usage.

Inspector's name (Print): _____ Phone: _____
Registration or Certification #: _____ email: _____
Employed by: _____ Address: _____
Signature: _____ Date: _____

Repair Requirements

A failing system is considered a public health hazard and must be repaired immediately with a permit from the local permitted authority (DEQ or the county environmental health office) or its use discontinued.

Attachments must be provided to the buyer

1. A sketch of the site and system including locations of all major components (e.g. tank, treatment units, drainfield) and should include distances to wells, dwelling or other buildings, tank(s), reserved soil absorption area, surface water and soil boring locations. Include as-built drawing if available.
2. A copy of the permit, maintenance records, and annual reports
3. A copy of the regulations for O&M service contracts and reporting
4. A homeowner survey of system performance, signed by the homeowner as being factual (optional)